

ROSS FY 1999 FUNDING

PART VI

SERVICE COORDINATORS FOR ELDERLY AND PERSONS WITH DISABILITIES

ROSS FY 1999 FUNDING SERVICE COORDINATORS

OVERVIEW

PROGRAM DESCRIPTION

The Service Coordinator program for the elderly and/or persons with disabilities provides funding for the employment and support of service coordinators in public housing developments designated for the elderly and/or persons with disabilities. These elderly and disabled service coordinators help residents obtain supportive services that are needed to enable independent living and aging in place.

Only renewals of prior Public Housing Elderly and Disabled Service Coordinator grants will be funded under this NOFA; **no** applications for new Service Coordinator grants will be accepted. (See Section VI of the NOFA for specific requirements for this funding category.)

ELIGIBLE DEVELOPMENTS AND PARTICIPANTS

To be eligible, a development must have elderly and/or persons with disabilities who together total at least 25% of the building's residents.

ELIGIBLE APPLICANTS

- This funding category provides grants to PHAs with developments designated for the elderly and persons with disabilities.
- A PHA may not apply for elderly and disabled service coordinator funding if it has an expiring elderly Service Coordinator or EDSS grant and has spent less than 75% of the prior grant by the publication date of the NOFA.

ELIGIBLE ACTIVITIES

Service Coordinator grant funds may be used for the following activities:

- Service coordinator. Grant funds from this category may be used to pay for the salary, fringe benefits, and related administrative costs for employing a service coordinator. A Service Coordinator is a social service staff person hired or contracted by the PHA. The coordinator is responsible for assuring that elderly residents, especially those who are frail or at risk, and those non-elderly residents with disabilities are linked to the supportive services they need to continue living independently in that development. The Service

Coordinator, however, may not require any elderly person or person with disabilities to accept the supportive services. For the purposes of this program, a Service Coordinator is any person who is responsible for one or more of the following functions:

- Working with community service providers to coordinate the provision of services and to tailor the services to the needs and characteristics of eligible residents;
 - Establishing a system to monitor and evaluate the delivery, impact, effectiveness and outcomes of supportive services under this program;
 - Coordinating this program with other independent living or self-sufficiency, education and employment programs;
 - Performing other duties and functions to assist residents to remain independent, and to prevent unnecessary institutionalization; and
 - Mobilizing other national and local public/private resources and partnerships.
- Administrative costs. Such uses of Service Coordinator grant funds may include, but are not limited to, purchase of furniture, office equipment and supplies, training, quality assurance, travel, and utilities. Administrative costs must not exceed 20% of the total grant costs.

INELIGIBLE COSTS

Applicants may not use these monies to replace current funding from other sources for a Service Coordinator or for some other staff person who performs Service Coordinator functions. Furthermore, the cost of application preparation is not an eligible use of Service Coordinator grant funds.

GRANT TERM

The grant term for the Service Coordinator category is 12 months from the execution date of the grant agreement.

MAXIMUM GRANT AMOUNT

The grant amount for the Service Coordinator category cannot exceed the highest amount approved for a one-year period of the most recently funded Service Coordinator grant of the applicant. HUD will approve an increase up to 2 percent over this amount if supported by a narrative justification.

JOINT APPLICATIONS

Two more PHAs may join together to share a service coordinator and so submit joint applications. Joint applications must designate a lead applicant. Funding for a joint application may not exceed the stated maximum grant for this category.

APPLICATION SELECTION PROCESS

PHAs must address all application requirements, meet the threshold requirements set forth in the NOFA, and submit all of the required information. The applicants identified by the GMC as meeting threshold and application requirements will be funded on a first-come, first-serve basis for up to 30 days from the publication date of the NOFA or until funds are exhausted.

WHO DOES SERVICE COORDINATION?

Service coordination may be performed by:

- An on-site or off-site staff person hired by the PHA.
- An on-site or off-site staff person hired by a third party agency and contracted to the PHA.
- A staff person hired by a third party agency, who provides case management and services coordination in concert with the distribution of that agency or another agency's funding.

ADMINISTRATIVE COSTS

Administrative costs may not exceed 20% of the total grant amount. Administrative costs include, but are not limited to, purchase of furniture, office equipment and supplies, training, quality assurance, travel, and utilities. Quality assurance is a limited monitoring oversight of the service coordinator by a qualified third party.

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APPLICANT CHECKLIST

Use this checklist to review your package and insure all materials are properly completed and included. Submit a copy of this form with the request to HUD.

- ☐ **Cover Materials (See Part II of this application kit for forms in this tab.)**
 - ☐ Application checklist
 - ☐ Request Letter
 - ☐ Lead agency letter form (if applicable)
 - ☐ Application for Federal Assistance - Standard Form (SF) 424

- ☐ **TAB 1 Threshold Requirements**
 - ☐ Elderly Housing Development Certification
 - ☐ Accessible Community Facility evidence and description
 - ☐ Match Requirement
 - ☐ SC Applicant Certification

- ☐ **TAB 2 Certifications and Assurances (See Part VII of this application kit.)**
 - ☐ Standard Form (SF) 424 B for Non-Construction Programs
 - ☐ Drug-Free Workplace Certification (HUD-50070)
 - ☐ Certification Regarding Lobbying (SF-LLL)
 - ☐ Applicant/Recipient Disclosure Update Report (HUD-2880)
 - ☐ Submit certification of non-duplication of funding request

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Applicant:_____ **Date:**_____

Request Letter

Please prepare and include a request letter on your organization's letterhead, signed by the executive director or other authorized person. If the application is a joint application, each agency must prepare and include a request letter. The required format is shown on the following pages.

In addition to the latter, attach evidence of:

- Comparable salaries in the applicant's area; and
- If applicable, a written justification to increase the grant amount 2% over the highest funding and staffing level for a one-year period approved for the applicant's last funding Service Coordinator grant.

Before preparing the application, the applicant should make sure it is eligible to apply for Service Coordinator funds. Make sure also that the development(s) to be served is (are) eligible.

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REQUEST LETTER FORMAT

Dear _____ Date: _____
Director, Public Housing

The following is my request for a one-year Service Coordinator renewal grant. I am requesting a total grant amount of \$_____.

I. APPLICANT AND DEVELOPMENT(S)

1. PHA name and address:

2. Development name(s) and address(s):

_____	_____
_____	_____
_____	_____

3. Development number(s) and Congressional District(s):

_____	_____
_____	_____
_____	_____

4. Do you have a FY 1995 Elderly Service Coordinator grant? ____Yes ____No.

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**REQUEST LETTER FORMAT
(continued)**

II. DEVELOPMENT INFORMATION

1. Total Number of Units Occupied by the Elderly and/or Persons with Disabilities: ____.
2. Total Number of Residents: ____.
3. Estimated Number Frail Elderly and Persons with Disabilities: ____.
4. Estimated Number At-Risk Elderly: ____.
5. Applicant will contract out for a Service Coordinator. ____Yes ____No
6. Development will share a Service Coordinator with other development(s) or applicant(s). ____Yes ____No

If yes, please give name and address of the development(s) and applicant(s), if different.

7. Total number of Service Coordinators to be funded by the grant funds: ____.

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**REQUEST LETTER FORMAT
(continued)**

III. COSTS

FY 1999 award amounts cannot be higher than the applicant's highest funding and staffing level approved for a one-year period for the applicant's last funded Service Coordinator grant. An increase of up to 2% will be allowed if supported by a narrative justification attached to this Request Letter.

1. Salary Rate

- a. Determine the base salary level, looking at comparable positions (modified by number of hours worked).

Base salary level \$_____

- b. Fringe benefits

% of base salary _____%

Dollar value \$_____

- c. Salary rate

\$_____ + \$_____ = \$_____
base salary fringe benefits salary rate

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**REQUEST LETTER FORMAT
(continued)**

III. COSTS (continued)

2. Administrative Costs

Any administrative costs may amount to no more than 20% of the total grant.

Item	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total:	\$ _____

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**REQUEST LETTER FORMAT
(continued)**

III. COSTS (continued)

3. Total Cost

One-year total costs:

Allowable administrative costs	\$ _____	+
Annual salary rate	\$ _____	=
Total Cost	\$ _____	.

We appreciate your consideration of this request. If there are any questions, your staff may call _____ at _____ for further information.

Sincerely,

Signature

Typed Name

Title

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**TRANSMITTAL LETTER FORMAT FOR DESIGNATED
LEAD AGENCY**

If more than one public housing agency is proposing to share a service coordinator, one agency **must** designate itself the "lead." This agency must submit a letter following this format on organization letterhead, signed by an authorized person.

Dear _____
Director, Public Housing

Date

The ___(fill in name of owner or PHA)___ for ___(fill in development name and city)___ is requesting grant funds to hire a Service Coordinator.

This request includes _____ (specify the number) developments, which will share a Service Coordinator. The developments are:

<u>Development Name and Address</u>	Amount Requested (\$)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The completed requests from each of these ___(specify number)___ applicants are attached to this letter.

Sincerely,

Signature

Typed Name

Title

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SERVICE COORDINATORS FOR ELDERLY AND PERSONS WITH DISABILITIES

TAB 1

THRESHOLD REQUIREMENTS

**ROSS FY 1999 FUNDING
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Applicant:_____ **Date:**_____

THRESHOLD REQUIREMENTS

See NOFA, Section VI(H) and VII

The Grants Management Center (GMC) will conduct a threshold review to determine your eligibility. Under the threshold review, you will be rejected from the competition if you are not in compliance with the threshold requirements.

1. Elderly Housing Development Certification. You must certify that at least 25% of the residents in the development(s) proposed for grant activities are elderly and/or non-elderly persons with disabilities at the time of the application.

**SERVICE COORDINATOR
ELDERLY HOUSING DEVELOPMENT CERTIFICATION**

I CERTIFY that ____% of the residents in the development(s) proposed for grant activities are elderly and/or non-elderly people with disabilities at the time of application; thereby meeting or exceeding the 25% requirement.

Signed this _____ day of _____, 1999

By: _____
Applicant Executive Director or other Authorized Representative

For: _____
Applicant Name

Verified by: _____ Date _____
For GMC

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Applicant:_____ Date:_____

2. Accessible Community Facility. You must provide evidence (**e.g., an executed use agreement if the facility will be provided by an entity other than your organization**) that a majority of your proposed activities will be administered at community facilities within easy transportation access of your property. The facilities must be within walking distance or accessible by direct (i.e., no transfers required), convenient, inexpensive, and reliable transportation. Any community facilities must meet the structural accessibility requirements of Section 504 of the *Rehabilitation Act* and the *Americans with Disabilities Act*.

Provide a description of the location where training and other activities will be held. Describe where the facility is located in relation to the development(s) to be served, the days and hours of operation, how transportation needs to the facility will be addressed, and how the facility will be accessible to persons with disabilities. Also describe whether the facility to be used is currently in operation, if not, what steps will be taken to adequately operate the facility.

Attach an executed agreement between the applicant and other entity providing community facilities.

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Applicant: _____ **Date:** _____

3. Match Requirement. You must supplement grant funds with a cash and/or in-kind contribution match of not less than at least 25% of the grant amount. The match may include: the value of in-kind services, contributions or administrative costs provided to you; funds from Federal sources (but not ROSS, TOP, EDSS, or Service Coordinator funds); funds from any State or local government sources; and funds from private contributions. See NOFA section VI(H)(3)(c) for guidelines on valuing in-kind contributions.

Your application must demonstrate that the resources and services you will use as match amounts (including resources from your Comprehensive Grant, other governmental units/agencies of any type, and/or private sources, whether for-profit or not-for-profit) are firmly committed and will support your proposed grant activities. "Firmly committed" means there must be a written agreement to provide the resources and services signed by an official legally able to make commitments on behalf of the organization. The written agreement may be contingent upon you receiving a grant award. Resources from your agency are presumed to be firmly committed.

Attach all separate firm commitments that equal at least 25% of the SC grant amount requested.

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Applicant: _____ **Date:** _____

4. Compliance with Current Programs. The applicant must provide a certification that it is not in default at the time of application with respect to grants for the Family Investment Center program; the Youth Development Initiative under the Family Investment Center program; the Youth Apprenticeship Program; the Apprenticeship Demonstration in the Construction Trades program; the Public Housing Drug Elimination Program; the Youth Sports program; the Tenant Opportunities Program; or the Economic Development and Supportive Services program.

**SERVICE COORDINATOR
PROGRAM COMPLIANCE CERTIFICATION**

I CERTIFY that my response to the following three questions are correct:

1. Is there any current HUD declaration of default against your organization for failure to meet any contractual obligation?
YES or NO (Please circle one.) (Explain any "YES" response.)
2. Are there any unresolved HUD Office of Inspector General Findings against your organization?
YES or NO (Please circle one.) (Explain any "YES" response.)
3. Are there any unresolved HUD Fair Housing and Equal Opportunity monitoring review findings or HUD Field Office management review findings against your organization?
YES or NO (Please circle one.) (Explain any "YES" response.)

Signed this _____ day of _____, 1999

By: _____
Applicant Executive Director or other Authorized Representative

For: _____
Applicant Name

Verified by: _____ Date: _____
For GMC

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Applicant: _____ Date: _____

5. Compliance with Civil Rights Requirements. You must be in compliance with all Fair Housing and civil rights laws, statutes, regulations, and executive orders as enumerated in 24 CFR 5.105(a). Federally recognized Indian tribes must comply with the *Age Discrimination Act of 1975* and the *Indian Civil Rights Act*. If you, the applicant, (a) have been charged by the Secretary with a systematic violation of the *Fair Housing Act*, (b) are the defendant in a *Fair Housing Act* lawsuit filed by the Department of Justice, or (c) have received a letter of noncompliance findings under Title VI of the *Civil Rights Act*, Section 504 of the *Rehabilitation Act*, or Section 109 of the *Housing and Community Development Act*, then HUD will not rank and rate your application under the NOFA if the charge, lawsuit, or letter of findings has not been resolved to the satisfaction of HUD before the application deadline. Complete the following certification. (See NOFA, Sections VII(A), VII(B), and VIII(A).)

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CERTIFICATION OF CONSISTENCY AND COMPLIANCE

I CERTIFY that the proposed Service Coordinator activities will be consistent with the following and comply with all statutes, regulations, and U.S. Department of Housing and Urban Development guidance related to the following:

1. **Economic Opportunities for Low and Very Low-Income Persons.** Section 3 of the *Housing and Urban Development Act of 1968*, 12 U.S.C. sec. 1791u, Economic Opportunities for Low and Very Low-Income Persons; HUD regulations at 24 CFR part 135, including but not limited to subpart E and G reporting requirements; and any Section 3 employment, housing opportunity, or other plan adopted by the Housing Agency.
2. **Fair Housing.** Affirmative duty to further fair housing, including elimination of impediments to fair housing; the local jurisdiction or regional Analysis of Impediments to Fair Housing Choice; and the affirmative duty to carry out activities proposed specifically in the SC application to address the furtherance of fair housing.
3. **Uniform Relocation.** *Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970*, as amended (URA) and implementing regulations at 49 CFR part 24.
4. **Nondiscrimination.** The *Americans with Disabilities Act*, Title IX of the *Education Amendments Act of 1972*, the *Fair Housing Act*, Title VI of the *Civil Rights Act of 1964*, the *Equal Pay Act*, Section 504 of the *Rehabilitation Act of 1973*, the *Age Discrimination Employment Act of 1967*, and the *Age Discrimination Act of 1975*.
5. **Cost Principles.** OMB Circular No. A-122 (Cost Principles for Nonprofit Organizations) or OMB Circular No. A-87 (Cost Principles for Local Units of Government), as appropriate.
6. **Administrative Requirements.** The administrative requirements of 24 CFR part 84 or part 85, as appropriate.

Signed this _____ day of _____, 1999.

By: _____
Applicant Chief Executive Officer or Other Authorized Representative

For: _____
Applicant

Verified by: _____ Date _____
For GMC

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**SERVICE COORDINATORS FOR
ELDERLY AND PERSONS WITH
DISABILITIES**

TAB 2

CERTIFICATIONS AND ASSURANCES

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CERTIFICATIONS AND ASSURANCES

Insert in this tab the following signed forms from Part VII of the application kit:

- ❑ Standard Form (SF) 424 B for Non-Construction Programs
- ❑ Drug-Free Workplace Certification (HUD-50070)
- ❑ Certification Regarding Lobbying (SF-LLL)
- ❑ Applicant/Recipient Disclosure Update Report (HUD-2880)
- ❑ Certification of Non-Duplication of Funding Request

